VA ALL EMPLOYEE SURVEY

- Please use a soft black lead pencil only, do not use ink or ballpoint pens
- · Please read each question carefully and answer as honestly as possible
- Make heavy black marks that fill the oval completely
- Erase cleanly any answer you wish to change
- · Please make no stray marks on the survey
- Choose only one answer for each question the one that best fits your opinion



1. Work Group Codes:

Enter the 7-digit Work Group Code that corresponds to the group in which you work. Please print your code in the boxes, and fill the corresponding ovals.

administrative rotations)?

O No

Yes



2. Occupation Codes:

Now, enter the 1, 2 or 3 digit Occupation Code that describes your job. Please read all the Occupation Codes from the list provided before selecting your code. Please print your Occupation Code in the boxes, and fill the corresponding ovals.

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UCCU	pation	Code

upo	illu	111 0
(0)	(1)	(1)
1	1	1
2	2	2
3	3	3
4	4	4
(5)	(5)	(5)
6	6	6
7	7	7
8	8	8
9	9	9
	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Demographics: What is your gender? Male Female What is your age? Less than 20 years 40 - 49 20 - 29 50 - 59 30 - 39 60 years or older Are you Spanish, Hispanic, or Latino? Yes No	What type of setting do you spend at least 20% of your time in? (you may select up to 5 options) Administrative (Non-Clinical) Inpatient Care Outpatient Care Extended Care (e.g., Community Living Center) Research Education Affiliate NCA Field Programs NCA Central Office
What is your race? (mark one or more) White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or other Pacific Islander	What is the main type of service you provide? (please select only one option) VHA/VACO Types of Service Administrative (Non-Clinical) Dental Emergency Medicine (Urgent Care, Emergency Department) Facility Management Services Home or Community Care
Do you consider yourself to be one or more of the following? (mark as many as apply) Heterosexual or Straight Gay Transgender/Transsexual I prefer not to say	Imaging (Radiology, Nuclear Medicine) Inpatient Medical/Surgical Intensive Care Unit-Critical Care Laboratory and Pathology Law Enforcement Medical Specialty
Are you an individual with a disability? Yes No	Mental Health Community Living Center
How long have you been with VA? Less than six months Between six months and one year Between one and two years Between two and five years Between five and ten years Between ten and fifteen years Between fifteen and twenty years	Pharmacy Primary Care Prosthetics or Sensory Aids Rehabilitation Services Research Spinal Cord Injury Surgery, Anesthesiology or Surgical Specialty Care Other Clinical Service
More than twenty years What is your level of supervisory responsibility?	NCA Types of Service Administrative Cemetery Staff Field Cemetery Staff
 None Team Leader (informal; not responsible for performance ratings) First Line Supervisor (formal; rates performance, e.g., Foreman, Section Chief) Manager (formal; rates performance, e.g., Division/Department/Service/Care Line managers) Executive (formal; rates performance, e.g., Associate Director, Chief of Staff, Program Director, Nurse Executive) Senior Executive (formal; rates performance, e.g., Network Director, Facility Director, Chief Medical Officer, Chief Officers, Deputy) 	VBA Types of Service Administrative (Non-Clinical) Compensation & Pension Service Education Service Loan Guaranty Service Vocational Rehabilitation & Employment Service Insurance Service Have you ever served on active duty in the United States armed forces, either in
Before becoming a VA employee, did you take part in a training or educational program based partly or entirely in VA (such as paid or unpaid internships, residencies, fellowships, or clinical or	the regular military or in a National Guard or military reserve unit? Yes No

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4. Survey Items:

How satisfied are you with the amount of work that you currently do? 12345 How satisfied are you with the quality of direct supervision you receive? 12345 How satisfied are you with the direction provided by senior managers at your facility? 12345 How satisfied are you with the number of opportunities for promotion? 12345 How satisfied do you think the customers of your organization are with the products and services it provides? 12345 How satisfied are you with the amount of praise that vou receive? 12345 Considering everything, how satisfied are you with your job? 12345 Considering everything, how satisfied are you with your work group? 12345 Considering everything, how satisfied are you with your organization? 12345 Strongly Agree Do Not Know Agree I feel a strong personal connection with the mission of VA. 123456 VA cares about my general satisfaction at work. 123456 My performance ratings are fair and accurate. 123456 My workload is reasonable given my job. My ideas and opinions count at work. 123456 123456 I recommend my organization as a good place to work. 123456 I am given a real opportunity to develop my skills in my work group. 123456 New practices and ways of doing business are encouraged in my work group. 123456 Managers set challenging and yet attainable performance goals for my work group. 123456 My supervisor reviews and evaluates the progress toward meeting goals and objectives of the organization. 123456 Employees in my work group are competent to accomplish our tasks. 123456 People treat each other with respect in my work group. 123456 Disputes or conflicts are resolved fairly in my work group. 123456 A spirit of cooperation and teamwork exists in my work group. 123456 This organization does not tolerate discrimination. 123456 Members in my work group are able to bring up problems and tough issues. 123456 It is safe to try something new in this work group. 123456 Members of my work group communicate well with 123456 I have the appropriate supplies, materials, and equipment to perform my job well. 123456 Products, services and work processes are designed to meet customer needs. 123456 Employees in my work group are protected from health and safety hazards on the job. 123456

Supervisors/team leaders understand and support employee family/personal life responsibilities in my

123456

work group.

Strongly Agree The safety of workers is a big priority with management where I work. 123456 Employees in my work group are involved in quality improvement or systems redesign. 123456 People from different work groups in my facility are willing to collaborate. 123456 My work group members are held accountable for their performance. 123456 Members of this work group would not compromise ethical principles in order to achieve success. 123456 My coworkers are willing to adapt to change. 123456 My supervisor is fair in recognizing accomplishments. 123456 I have an effective working relationship with my supervisor. 123456 My supervisor stands up for his/her people. 123456 My supervisor does not engage in favoritism. 123456 My supervisor provides clear instructions necessary to do my job. 123456 My supervisor encourages people to speak up when they disagree with a decision. 123456 I feel comfortable talking to my supervisor about work-related problems even if I'm partially responsible. 123456 In my work group, information is communicated routinely from the supervisor to the employees. 123456 In my work group, differences in performance are recognized in a meaningful way. 123456 I have received the training I need to do my job well. 123456 If I am unsure of how to carry out a procedure, I am comfortable asking for help. 123456 In this work group, we problem-solve ways to prevent errors from happening again. 123456 It is worthwhile in my work group to speak up because something will be done to address our concerns. 123456 If I were able, I would leave my current job. 123456 I plan to leave my job within the next six months. 123456 Once a month or less A few times a month A few times a week I feel burned out from my work. 0123456 I worry that this job is hardening me emotionally. 0 1 2 3 4 5 6 I have accomplished many worthwhile things in this job. 0 1 2 3 4 5 6 Employees in my work group have been provided with the results of previous All Employee Surveys (AES). Yes O No Do Not Know We have made changes in practices and ways of doing business in my work group based on the results of previous All Employee Surveys (AES). Yes O No O Do Not Know